Clinical Medical Policy
Cardiac Rehabilitation

Benefit Coverage

Covered Benefit for lines of business including: RiteCare (MED), Substitute Care (SUB), Children with Special Needs (CSN), Rhody Health Partners (RHP), Rhody Health Options (RHO) Unity, Rhody Health Options (MMP) Integrity, Rhody Health Expansion (RHE), Health Benefit Exchange (HBE)

Excluded from coverage: Extended Family Planning (EFP)

Approval is based on review of the medical necessity documentation.

Description
Outpatient cardiac rehabilitation is a comprehensive program involving medical evaluation, prescribed exercise, cardiac risk factor modification and counseling. The goal of cardiac rehabilitation is to prevent disability resulting from coronary disease and prevent subsequent coronary events, hospitalizations and death due to cardiac causes. Expectations of what is included in a cardiac rehabilitation program are defined by the United States Public Health Service, and include multiple risk reduction, adjustment to illness and therapeutic exercise. Outpatient cardiac rehabilitation programs are allowed for a duration of 12 weeks for risk reduction, illness adjustment, and therapeutic services. Access to programs includes those which are provided by hospitals or physician-directed outpatient programs within neighborhood’s network.

Coverage Determination
Members must be referred and medically cleared by a cardiologist for a cardiac rehabilitation program. Authorization and medical review are based on the criteria below.

The initial authorization period will be 12 weeks. Refer to “Criteria to Extend Beyond Initial Authorized Period” for authorization requests beyond 12 weeks.

Criteria
The member must have at least one of the following documented conditions:

- Non ST elevation MI particularly for patients with multiple modifiable risk factors within the preceding 12 months
- ST elevation MI for high risk patients (recent acute coronary syndrome or revascularization, heart failure) within the preceding 12 months
- Chronic stable angina for at risk patients (recent coronary syndrome or revascularization, heart failure)
- Stable outpatients with chronic heart failure (defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks) who are able to participate in the protocols needed to produce physical conditioning. Stable patients are defined as patients who have not recent (≤6 weeks) or planned (≤6 months) major cardiovascular hospitalizations or procedures.
- Post Coronary Artery Bypass Graft (CABG)
- Post-transplant – heart or heart-lung transplant
- Post valve replacement or repair
- Post angioplasty, coronary stenting, or atherectomy
The following conditions, if present in addition to one of the above criteria, require additional documentation from the cardiologist in order to be considered for authorization:

- Unstable angina
- Progressive worsening of exercise tolerance or dyspnea at rest or on exertion over the previous 3-5 day
- Forced expiratory volume less than 1 liter
- Significant ischemia at low work rates less than 2 METS (metabolic equivalents)
- Uncontrolled diabetes
- Acute systemic illness or fever
- Recent embolism
- Thrombophlebitis
- Acute pericarditis or myocarditis
- Third degree heart block without a pacemaker
- Moderate to severe aortic stenosis
- Myocardial infarction within the previous three weeks
- New onset atrial fibrillation

Criteria to Extend Beyond Initial Authorized Period:
When the member has been compliant with scheduled visits and home program, but has not yet achieved all medical/cardiac health goals (see below) by the end of the program, the authorized period may be extended an additional 6-12 weeks.

No repeat participation in cardiac rehabilitation without another qualifying event.

Medical/Cardiac Health Goals:
1. Patient has achieved stable level of exercise tolerance without ischemia or dysrhythmia
2. Symptoms of angina or dyspnea are stable at patient’s maximum exercise level
3. Patients resting BP and heart rate are within normal limits OR
4. Stress test is not positive during exercise.

Exclusions
Ongoing maintenance program that follows 12 week rehabilitation program is not eligible for coverage.

*For More information on Coding please reference the Authorization Quick Reference Guide

CMP Number: 035
CMP Cross Reference:

References:
AACVPR/ACC/AHA. (2007) Performance measures on Cardiac Rehabilitation and Referral to and Delivery of Cardiac Rehabilitation/Secondary Prevention Services

Centers for Medicare & Medicaid Services. (8/18/2014). National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)

Wenger NK, Froelicher ES, Smith LK et al. (10/95). Cardiac Rehabilitation, Clinical Practice Guidelines. US Department of Health and Human Services. AHCPR publication No 96-0672, October 1995

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